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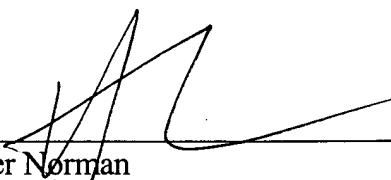
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Date of Deposit : April 14, 2003  
Type of Documents : Transmittal Form;  
Request for Reconsideration and  
Response to Final Office Action; and  
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Application No. : 09/875,458  
Filing Date : June 5, 2001

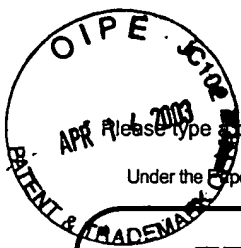
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/875,458	
	<b>Filing Date</b>	June 5, 2001	
	<b>First Named Inventor</b>	Craig F. Culver	
	<b>Group Art Unit</b>	2674	
	<b>Examiner Name</b>	Wu, Xiao Min	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	IMM059A (51851-280615)

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	John Alemanni, Reg. No. 47,384 Kilpatrick Stockton LLP 1001 West Fourth Street Winston, Salem, NC 27101
Signature	
Date	04-14-03

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